
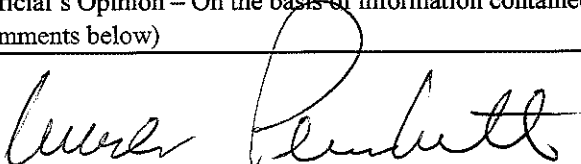




Report Type:	New Entrant
Year (Annual Report only):	
Date of Appointment/Termination:	08/13/2018

Executive Branch Personnel Public Financial Disclosure Report (OGE Form 278e)

Filer's Information				
Last Name	First Name	MI	Position	Agency
Xenos	Alexander	MI	Public Affairs Specialist	OPM
Other Federal Government Positions Held During the Preceding 12 Months:				
Name of Congressional Committee Considering Nomination (Nominees only):				
Filer's Certification - I certify that the statements I have made in this report are true, complete and correct to the best of my knowledge:				
Signature: 			Date: 08/21/2018	
Agency Ethics Official's Opinion – On the basis of information contained in this report, I conclude that the filer is in compliance with applicable laws and regulations (subject to any comments below)				
Signature: 			Date: 8/21/18	
Other Review Conducted By:				
Signature:			Date:	
U.S. Office of Government Ethics Certification (if required):				
Signature:			Date:	
Comments of Reviewing Officials:				

Instructions for Part 1

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name					Page Number	
Part 1: Filer's Positions Held Outside United States Government						
#	Organization Name	City/State	Organization Type	Position Held	From	To
1.	isportsweb.com	Williamsburg, VA	Online Sports Opinion Blog	Unpaid Writer	11/16	5/17
2.	Media Research Center	Reston, VA	Media Watchdog	News Analysis Intern	05/17	08/17
3.	Media Research Center	Reston, VA	Media Watchdog	Contributing Writer	12/17	01/18
4.	Western Free Press	Phoenix, AZ	Online News Organization	Team Writer	3/18	08/18
5.						
6.						
7.						
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Instructions for Part 2

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 2: Filer's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	Media Research Center			Salary	\$5315
2.	Western Free Press			Salary	\$30
3.					
4.					
5.					
6.					
7.					
8.					
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Instructions for Part 3

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Part 3: Filer's Employment Agreements and Arrangements				
#	Employer or Party	City/State	Status and Terms	Date
1.	NONE			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
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11.				
12.				

Instructions for Part 4

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 4: Filer's Sources of Compensation Exceeding \$5,000 in a Year

#	Source Name	City/State	Brief Description of Duties
1.	Media Research Center	Reston, VA	I was an intern and later a contributing writer on the Media Research Center's Newsbusters team.
2.			
3.			
4.			
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Instructions for Part 5

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
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Part 5: Spouse's Employment Assets & Income and Retirement Accounts

#	Description	EIF	Value	Income Type	Income Amount
1.	N/A				
2.					
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Instructions for Part 6

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 6: Other Assets and Income

#	Description	EIF	Value	Income Type	Income Amount
1.	U.S. Bank (Checking and Savings)	N/A	\$1,001 - \$15,000	Interest	None (or less than \$201)
2.					
3.					
4.					
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Instructions for Part 7

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name			Page Number	
Part 7: Transactions				
#	Description	Type	Date	Amount
1.				
2.				
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Instructions for Part 8

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number
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Part 8: Liabilities

	Creditor Name	Type	Amount	Year Incurred	Rate	Term
1.	NONE					
2.						
3.						
4.						
5.						
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Instructions for Part 9

Note: This is a public form. Do not include account numbers, street addresses, or family member names. See instructions for required information.

Filer's Name	Page Number

Part 9: Gifts and Travel Reimbursements

#	Source Name	City/State	Brief Description	Value
1.				
2.				
3.				
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